Second Request: VICTIM OF IDENTITY THEFT STATEMENT AND FRAUDULENT ACCOUNT INFORMATION REQUEST

Date:		
Sent certified, re	eturn receipt mail: Number	
TO:	[Credit Issuer]	FAX
ACCOUNT N	O.	REFERENCE NO.
FROM: [Yo	our Name]	
notifying me tha		ertified, return receipt request mail. I received a card closed documents. It has now been (#) of days and you are
compar transac	ny or bank. Furthermore I reque	n unauthorized account has been opened with your ested information about the application and me and the designated police agencies per various ou have failed to comply.
are ignoring my investigator abor notify the Federa	case. I expect a phone call with ut the status of this case or a let al Trade Commission of your n	one call from a fraud investigator so I must assume that you ain 5 days of the receipt of this letter from a fraud ter of clearance. If not, per my grievance rights, I may on-compliance along with my state Attorney General, the reau. Please understand that I may be forced to consider
account to any o	ther collection agency. So far t	ay have sent this account to. Please do not assign this hese criminals have stolen approximately \$ in ct there will be more until they are caught.
continuing to	pursue these debts from n	the credit bureaus as collection items or ne would be considered a violation of the state and ices Act and the Fair Credit Reporting Act.
Victim Name		Social Security Number
Victim Addres	s	
City/State/Zip		
Victim Phone	Fa	x Email
Primary Design	nated Police Department:	Report #
Primary Design	nated Investigator:	

Address/phone #		
Other Designated Agencies:	Report #	
Designated Investigators/prosecutors and contact info:		
Signed:		